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WASHINGTON DC	<u>Re: U.S. Serial No. 10/091,360</u>		

Sincerely,



Hans-Peter G. Hoffmann
 Reg. No. 37,352
 Agent for Applicants
 Pillsbury Winthrop LLP
 Tel: 203-965-8271
 e-mail: hhoffmann@pillsburywinthrop.com

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FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 215.00)

Complete if Known

Application Number	10/091,360
Filing Date	March 4, 2002
First Named Inventor	Petros Tsipouras
Examiner Name	Lori A. Clow
Art Unit	1631
Attorney Docket No.	

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FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$) Fee Paid (\$)

Subtotal (2) \$

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	_____
2-month extension of time	430	215	215
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stat. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other:			_____

Subtotal (3) \$ 215.00

SUBMITTED BY

Signature	Hans-Peter G. Hoffmann	Registration No. (Attorney/Agent) 37,352	Telephone 203-965-8271
Name (Print/Type)	Date 12/2/2004		

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